



Savoir Faire Language Institute
Preschool Assessment Form

1. Years of Preschool Experience:

- ☐ Never attended a program without parent
☐ Pre preschool/3 year old preschool
☐ 4 year old preschool

2. Child Information:

a. Sleeping

- What time does your child go to bed at night?
- Get up in the morning?
- Does he/she nap or rest during the day? If yes, please give us time and length of the nap.

b. Speech

- What is the primary language spoken in the home?
- If your child speaks another language? Which one(s)?:
- Does your child understand English? ☐ Yes ☐ No
- Is your child receiving speech therapy? ☐ Yes ☐ No

c. Bathroom

- When your child has to use the washroom, what term is used?
- Is your child potty trained? ☐ Yes ☐ No
- If yes, since when:
- Does your child have any elimination problems? ☐ Yes ☐ No
- If yes, please explain:

d. Other

What techniques do you use with your child when his/her behavior is not acceptable?

What is your child's hand preference? ☐ Left ☐ Right ☐ Undetermined

What school will your child attend for kindergarten?

What information should we have about your child that would help us to understand him/her better?

What benefits would you like to see your child gain from attending our preschool?

Parent's Signature

Date